

SERFF Tracking Number:	CNNA-125714834	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CBD-08-6024-AR		
TOI:	23.0 Fidelity	Sub-TOI:	23.0000 Fidelity
Product Name:	CBD-08-6024-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBD-08-6024-AR

TOI: 23.0 Fidelity

Sub-TOI: 23.0000 Fidelity

Filing Type: Form

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

State Filing Description:

SERFF Tr Num: CNNA-125714834 State: Arkansas

SERFF Status: Closed

Co Tr Num: CBD-08-6024-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 06/27/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 06/30/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):
01/01/2009

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 06/30/2008

State Status Changed: 06/30/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form NO 441 per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by October 1, 2008, for the software to be mailed to our agents on November 1, 2008, for the effective date of January 1, 2009.

Your approval is respectfully requested for use on policies effective on or after January 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst
6200 S. Gilmore Road
Fairfield, OH 45014

sharon_grubbs@cinfin.com
(513) 870-2091 [Phone]

Filing Company Information

The Cincinnati Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014
(513) 870-2000 ext. [Phone]

CoCode: 10677
Group Code: 244
Group Name:
FEIN Number: 31-0542366

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	06/27/2008	21127485

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/30/2008	06/30/2008

<i>SERFF Tracking Number:</i>	<i>CNNA-125714834</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CBD-08-6024-AR</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>CBD-08-6024-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/30/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNNA-125714834	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	TELEPHONE TOLL COVERAGE	Approved	Yes

SERFF Tracking Number:	CNNA-125714834	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	TELEPHONE TOLL COVERAGE	NO 441	04 08	Bond	Replaced	Replaced Form #:0.00 NO 441 05 99 Previous Filing #: CBD-01-6008-AR		NO441 04-08.pdf

ENDORSEMENT

No. _____

Attached to and Forming Part of Policy No. _____

Effective date of Endorsement _____

Issued to _____

TELEPHONE TOLL COVERAGE

This endorsement modifies coverage provided under the following:

CREDIT UNION BLANKET BOND

A. The following is added to the **DECLARATIONS, Item 3.**:

Coverage

Limit of Liability

Deductible

W. TELEPHONE TOLL COVERAGE

B. The following is added to **I. INSURING AGREEMENTS**:

W. TELEPHONE TOLL COVERAGE

1. Loss resulting directly from telephone toll charges the Insured incurs due to the fraudulent use, manipulation or circumvention of a password required to access or use a voice mail processor, private branch exchange (PBX), automated call attendant, or similar system used for directing or routing telephone calls in a voice communications network, which is either owned or leased by the Insured.
2. Coverage for each loss will only extend for a period of 60 days, beginning with the date on which the first fraudulent toll charge was incurred.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/30/2008
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Comments:

Attachments:

F777AR_CBD-08-6023-AR.pdf

F778AR_307[1].pdf

Satisfied -Name:	MEMORANDUM	Review Status:	Approved	06/30/2008
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Comments:

Attachment:

FSMEMOF1.pdf

Property & Casualty Transmittal Document

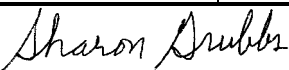
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CBD-08-6024-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Analyst	513-870-2091	513-870-2097	Sharon_grubbs@cinfin.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Bond
10. Sub-Type of Insurance (Sub-TOI)	Bond
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	6/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBD-08-6024-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT FILING

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				CBD-08-6024-AR
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				N/A
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	TELEPHONE TOLL COVERAGE	NO 441 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NO 441 05 99	CBD-01-6008-AR
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
BOND
FORMS MEMORANDUM**

NEW FORM	OLD FORM	DESCRIPTION OF CHANGE
NO 441 04 08	NO 441 05 99	TELEPHONE TOLL COVERAGE Deleted "Included in A. FIDELITY" from the "Limit of Liability" column and deleted "Same as A. FIDELITY" from the "Deductible" column in order to allow for the entry of variable information in those columns.